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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **801594** (3) Name change

1. Corporation Name
~~RELIASTAR BANKERS SECURITY LIFE INSURANCE COMPAN~~ NC 2-25-98
ReliaStar Life Insurance Company of New York

[redacted]

Principal Place of Business	Mailing Address
4601 FAIRFAX DRIVE P.O. BOX 3700 ARLINGTON VA 22203	4601 FAIRFAX DRIVE P.O. BOX 3700 ARLINGTON VA 22203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1922

2. Principal Place of Business
21: 1000 Woodbury Road
Suite, Apt. #, etc.
22: 102
City & State
23: Woodbury NY
Zip 24: 11797 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 53-0242530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDCP	☐ DELETE	1.1 TITLE	VC/CEO/P	☒ Change ☐ Addition
NAME	JOHN H. FLITTIE		1.2 NAME		
STREET ADDRESS	RELIASTAR FINACILAL CORP 20 WASH AVE S		1.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP		
TITLE	VTC	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	CRUNK, REBECCA B.		2.2 NAME	Chris D. Schreier	
STREET ADDRESS	13071 GREY FRIARS PLACE		2.3 STREET ADDRESS	ReliaStar Financial Corp. 20 Washington Ave S.	
CITY-ST-ZIP	HERNDON VA		2.4 CITY-ST-ZIP	Mpls MN 55401	
TITLE	VS	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	PODLESNEY, FRANCIS A.		3.2 NAME	Susan M. Bergen	
STREET ADDRESS	3110 SHREWSBURY LANE		3.3 STREET ADDRESS	20 Washington Ave So.	
CITY-ST-ZIP	RIVA MD		3.4 CITY-ST-ZIP	Mpls MN 55401	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JAMES G. COCHRAN		4.2 NAME		
STREET ADDRESS	4601 FAIRFAX DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	STELLA V. PETERS		5.2 NAME		
STREET ADDRESS	4601 FAIRFAX DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON VA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE	200002477361	☐ Change ☐ Addition
NAME	WITTICH, JAMES V.		6.2 NAME	-04/02/98--01093--018	
STREET ADDRESS	RELIASTAR, 20 WASHINGTON AVE, S		6.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP	MINNEAPOLIS MN		6.4 CITY-ST-ZIP		

164/2

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added in an attachment with an address.

Loralee A. Renelt,

CR2E034 (10/97)